

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

36340

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9791

1. PLACE OF DEATH:

(a) County St. Louis mo
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4329 West Bell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME DON FINGERS

3. (b) If veteran, name war 8 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 11 6. (c) Age of husband or wife if alive 19 years (Month) (Day) (Year)

7. Birth date of deceased 11 3 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 5 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name Milton Fingers
13. Birthplace Ark (City, town, or county) (State or foreign country)
14. Maiden name Marie Craig
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Milton Fingers
(b) Address 4329 West Bell
17. (a) Burial (b) Date thereof 11-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Adkins Bros
(b) Address 3644 Finney Ave
19. (a) NOV 8 1943 (Date received local registrar) (b) J. S. Bruck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4329 West Bell St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 22
year 1943 hour 30 minute 49 M.

21. I hereby certify that I attended the deceased from 22 8 1943
that I last saw him alive on 1943 22 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute Coronary Duration 42 days

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

3. Signature J. S. Bruck (M. D. or other) 11-8-43
Address St. Louis Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis V. Atkins

Licensed Embalmer No.....

2842

P. O. Address.....

3644 Finney Rd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.